

Name  
in  
Full

Elizabeth Burns

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *near Galena* TownCounty *Kent*Date  
of death *1908*Month *July*Day *15*Age *63* Years

Months

Days

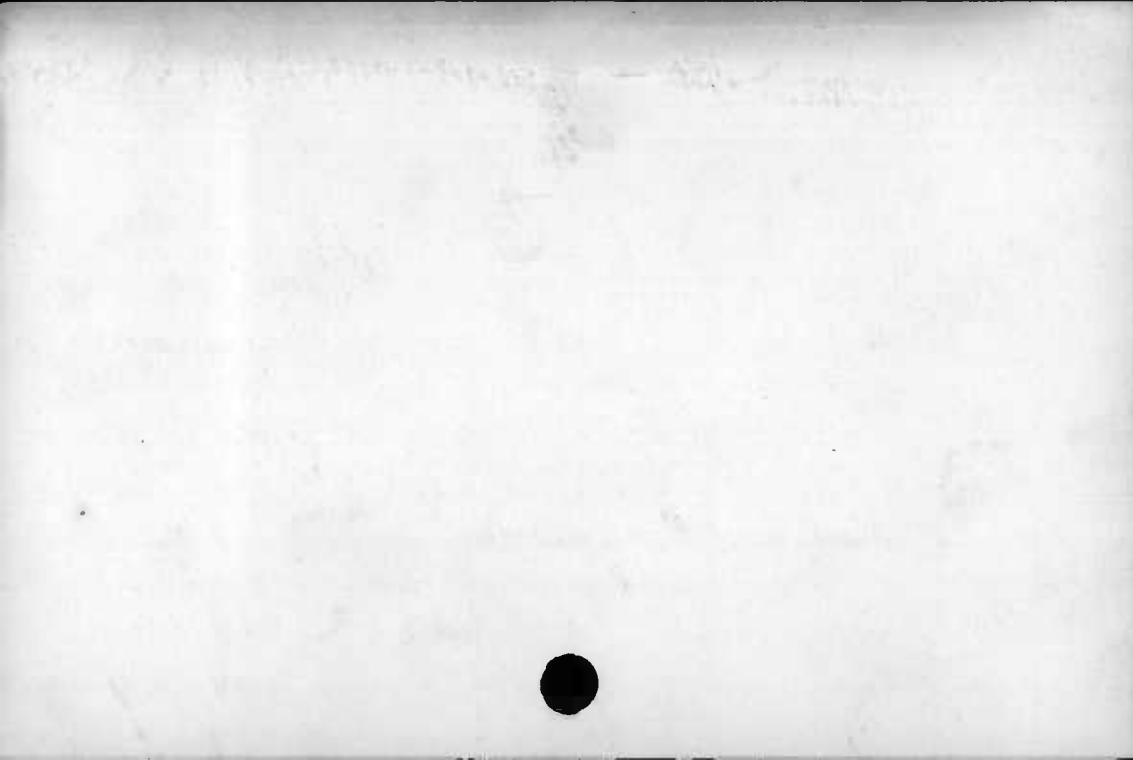
Sex *Female*Color or  
Race *White*Birth-  
place *Lucena Area Co.*Occupation *Housewife*Where Residing if not  
at place of death *Same*Married, Single  
or Widowed *Widowed*Name of Wife or  
Husband *Joshua Burns*Father's  
Name *William*Father's  
Birthplace *Is not known*Mother's  
Maiden Name *Is not known*Mother's  
Birthplace *Is not known*Name of person giving  
information *Samuel Merchant*How related  
to deceased *Son-in-law*

## CAUSES OF DEATH

**81**Primary *Arterial Sclerosis*How long *40 years*Immediate *Emaciation*

How long

Are the name, age, sex, color, date  
and place correctly given above? *Believed to be*Signature of  
Physician *Edward A. Scott**J*Address *Galena, Md.*Accident or Suicide? *No*



Name  
in  
Full

Kellen Butler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

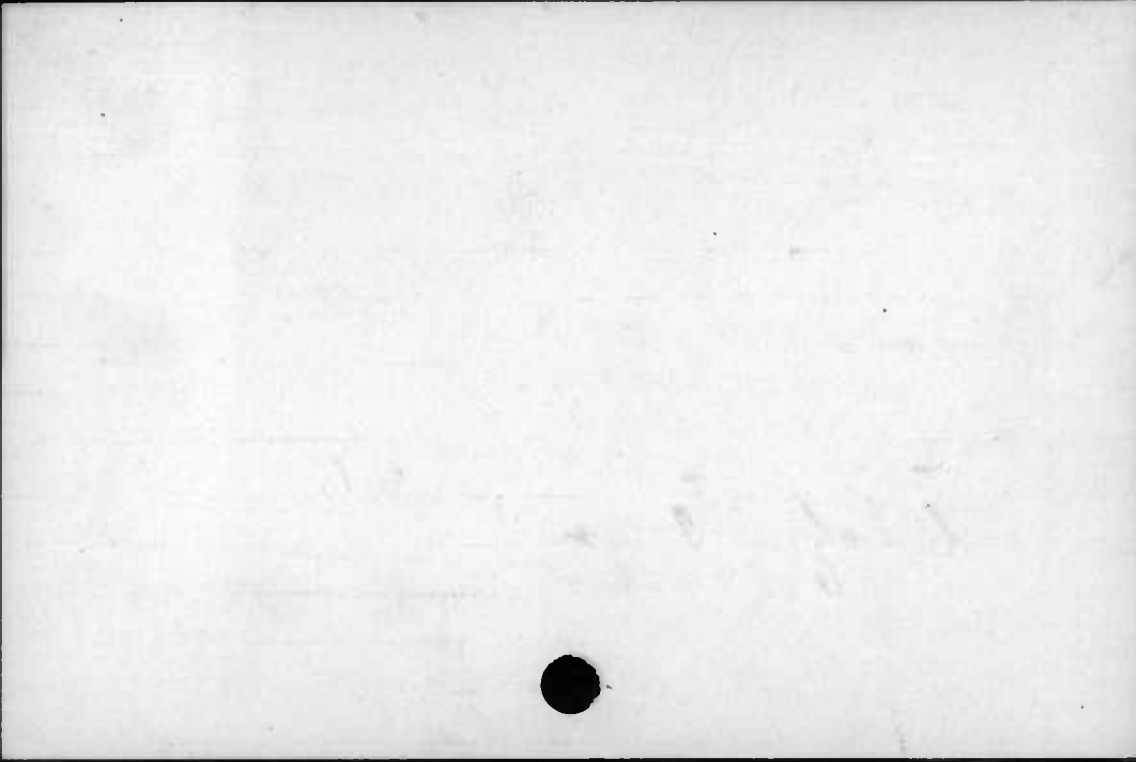
Died at <i>near Still Pond</i>		Town <i>Stunt</i>		County	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>11</i>	Age <i>1</i>	Years	Months <i>—</i>
Sex <i>female</i>	Color or Race <i>Black</i>		Birth-place <i>ind</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Medford Butler</i>		Father's Birthplace <i>ind</i>			
Mother's Maiden Name <i>Cora Jones</i>		Mother's Birthplace <i>ind</i>			
Name of person giving information <i>Medford Butler</i>		How related to deceased <i>father</i>			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Cholera &amp; exhaustion</i>	How long	<i>1 week</i>
Immediate	<i>exhaustion</i>	How long	<i>11</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Jas. W. Urie, M.D.</i>	
Address <i>Kennedyville</i>		<i>ind</i>	
Accident or Suicide? <i>—</i>			



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Towson</u>		County <u>1 Kent</u>	
		Date of death <u>1908</u>		Month <u>July</u>	
		Day <u>18</u>		Age <u>1</u>	
		Sex <u>Female</u>		Color or Race <u>Col</u>	
		Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>	
		Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>	
		Father's Name <u>Robert Mason</u>		Father's Birthplace <u>Don't know</u>	
Mother's Maiden Name <u>Albin Cooper</u>		Mother's Birthplace <u>Ind</u>			
Name of person giving information <u>Matthew Cooper</u>		How related to deceased <u>Wife</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Pneumonia</u>		How long <u>2 weeks</u>	
		Immediate <u>Apnoea</u>		How long <u>several hours</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>H. J. Simpson</u>	
		Address <u>Ches. Intown</u>		Mud	
		Accident or Suicide? <u>No</u>			

J. E. H. Fairlee.

Name  
in  
Full

Anna Angel Beckman.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cliffs.</u>		County <u>Rem.</u>		MARYLAND	
Date of death <u>1908.</u>	Month <u>July</u>	Day <u>24</u>	Age <u>—</u>	Months <u>1</u>	Days <u>20</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Cliffs. Md</u>		
Occupation <u>none.</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>single.</u>		Name of Wife or Husband <u>none.</u>			
Father's Name <u>John W Beckman.</u>			Father's Birthplace <u>Rem Co Md</u>		
Mother's Maiden Name <u>Carrie E. Schaefer</u>			Mother's Birthplace <u>Bethesda Md.</u>		
Name of person giving information <u>John W Beckman</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<u>Inflammation Stomach &amp; bowels</u>	How long	<u>4 Weeks</u>
Immediate	<u>Exhaustion</u>	How long	<u>1 year</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>[Signature]</u>	
		Address <u>[Signature]</u>	
Accident or Suicide? <u>2</u>			

J. E. H. Bond com.



Name  
in  
Full

Clara Diggs

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cheshtown</i>		Town <i>Kent</i>		County		MARYLAND	
Date of death <i>1908 July 8</i>		Month <i>July</i>		Day <i>8</i>		Age <i>2</i> Months <i>7</i> Days	
Sex <i>Female</i>		Color or Race <i>Negro</i>		Birth-place <i>Cheshtown, Md</i>			
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed _____				Name of Wife or Husband _____			
Father's Name <i>Charles Diggs</i>				Father's Birthplace <i>Kent Co., Md.</i>			
Mother's Maiden Name <i>Debby Ward</i>				Mother's Birthplace <i>Kent Co., Md.</i>			
Name of person giving information <i>Gertrude Ward</i>				How related to deceased <i>Grandmother</i>			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Cholera Infantum -</i>	How long	<i>9 days -</i>
Immediate	<i>Convulsions -</i>	How long	<i>one day -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Harry L. Davis</i>	
		Address <i>Cheshtown, Md.</i>	
Accident or Suicide <input checked="" type="checkbox"/>			

J. E. F. James M. E.

Name  
in  
Full

Leroy Earnest

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Lynch</i>		Town <i>Lynch</i>		County <i>Hent</i>		State <i>MARYLAND</i>	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>13</i>	Age <i>—</i>	Years <i>—</i>	Months <i>3</i>	Days <i>—</i>	
Sex <i>female</i>	Color or Race <i>Black</i>		Birthplace <i>md</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>John Earnest</i>			Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Elvora Larsey</i>			Mother's Birthplace <i>md</i>				
Name of person giving information <i>J. Earnest</i>			How related to deceased <i>father</i>				

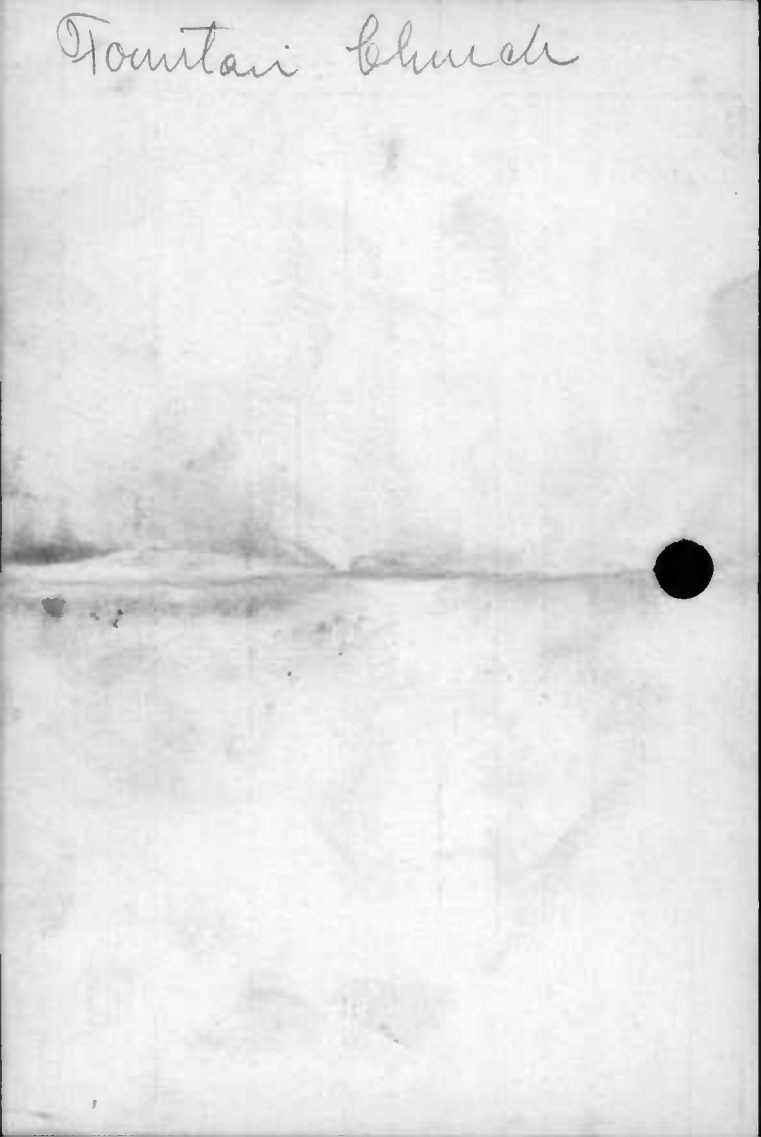
## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	How long <i>one month</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. J. Barnett</i>
	Address <i>Reumersville md</i>
Accident or Suicide? <i>—</i>	

Fountain Church



Name  
in  
Full

Nora May Elburn

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Chestertown		County Kent		MARYLAND	
Date of death		1908	Month July	Day 19	Age 32	Years	Months Days
Sex Female		Color or Race White		Birth-place Md			
Occupation None				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Wm S Elburn		Father's Birthplace Md					
Mother's Maiden Name Mary E. McFord		Mother's Birthplace Md					
Name of person giving information R F. Elburn		How related to deceased Brother					

## CAUSES OF DEATH

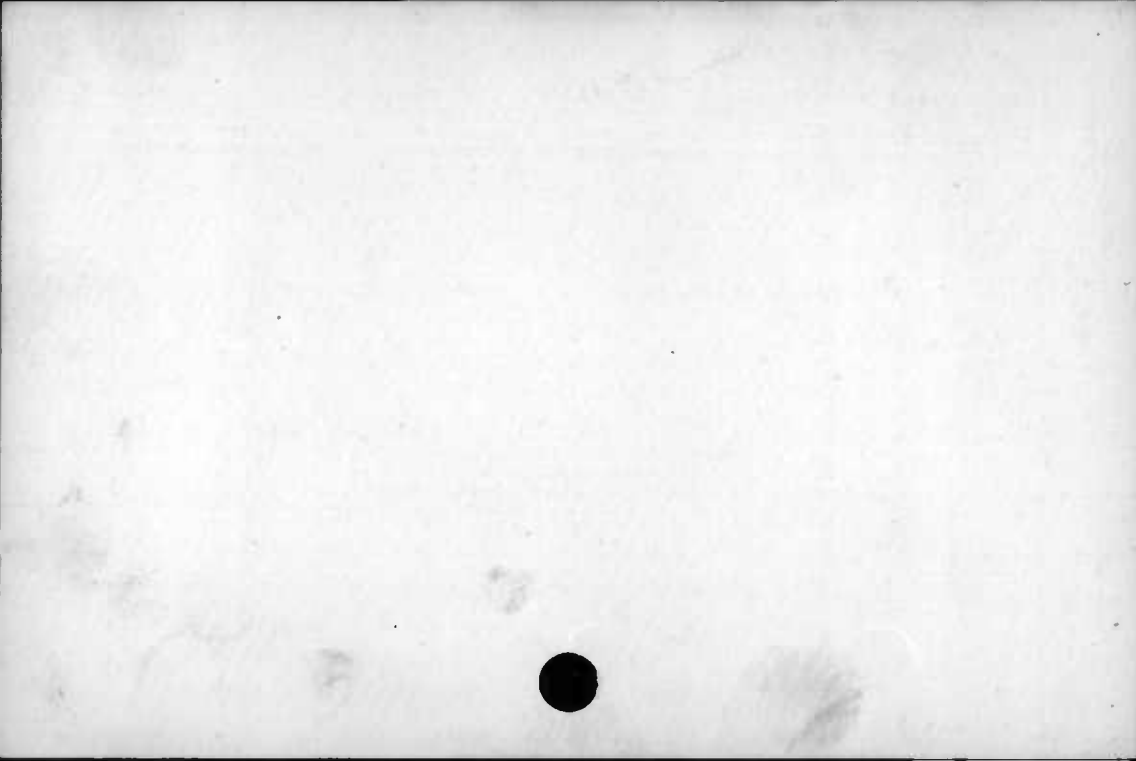
167

PHYSICIAN  
OR CORONER

Primary	Burns	How long	
Immediate	Obstruction of kidneys	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. G. Simpson	
		Address	
		Chestertown	
Accident or Suicide?			
Accident			

J. E. H. Cochrane Esq.

Name in Full <b>Edward Ford</b>		Town <b>Easton Neck Island</b>				County <b>Kent</b>		CERTIFICATE OF DEATH	
Died at		Date of death		Month		Day		Years	
		1908		July		12		38	
Sex		Color or Race		Birthplace		Months		Days	
Male		White		Maryland		2		4	
Occupation		Where Residing if not at place of death		At Place of Death					
Farmer									
Married, Single or Widowed		Name of Wife or Husband		Anna V Lewis					
Married									
Father's Name		Father's Birthplace		Indiana					
Thomas Ford									
Mother's Maiden Name		Mother's Birthplace		Maryland					
Hester Moore									
Name of person giving information		How related to deceased		Father					
Thomas Ford									
CAUSES OF DEATH									
Primary		How long		15 months					
alopsy									
Immediate		How long		One day					
Edkavstom									
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		No Sully MD					
9		Address		Roxface MD					
Accident or Suicide?									





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Wm. Harry Hamilton* Town *Chester town* County *Kent* MARYLAND

Died at *Chester town*

Date of death *1908* Month *July* Day *19* Age *Years* Months *7* Days

Sex *male* Color or Race *Negro* Birth-place *Chester town Md*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *Samuel Hamilton* Father's Birthplace *Md*

Mother's Maiden Name *Julia Summerswell* Mother's Birthplace *Md*

Name of person giving information *Samuel Hamilton* How related to deceased *Father*

## CAUSES OF DEATH

72

PHYSICIAN  
OR CORONER

Primary *umbilical infection* How long \_\_\_\_\_

Immediate *septicaemia in puerperium* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Harry L. Duda*

Address *Chester town Md*

Accident or Suicide? *No*

Old Cemetery  
Chestertown

Ed Dodd

Name  
in  
Full

CERTIFICATE OF DEATH

Clepton Harri

Town

County

Died at

Millington

Reech

MARYLAND

Date

of death

1908 July

Day

13

Age

Years

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Millington, Md

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Baby

Name of Wife or  
Husband

Father's  
Name

Thomas Harri

Father's  
Birthplace

Md

Mother's  
Maiden Name

Byrdie Wood

Mother's  
Birthplace

Md

Name of person giving  
In formation

Thomas Harri

How related  
to deceased

Father

CAUSES OF DEATH

105

Primary

Cholera Infantum

How long

2 Days

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

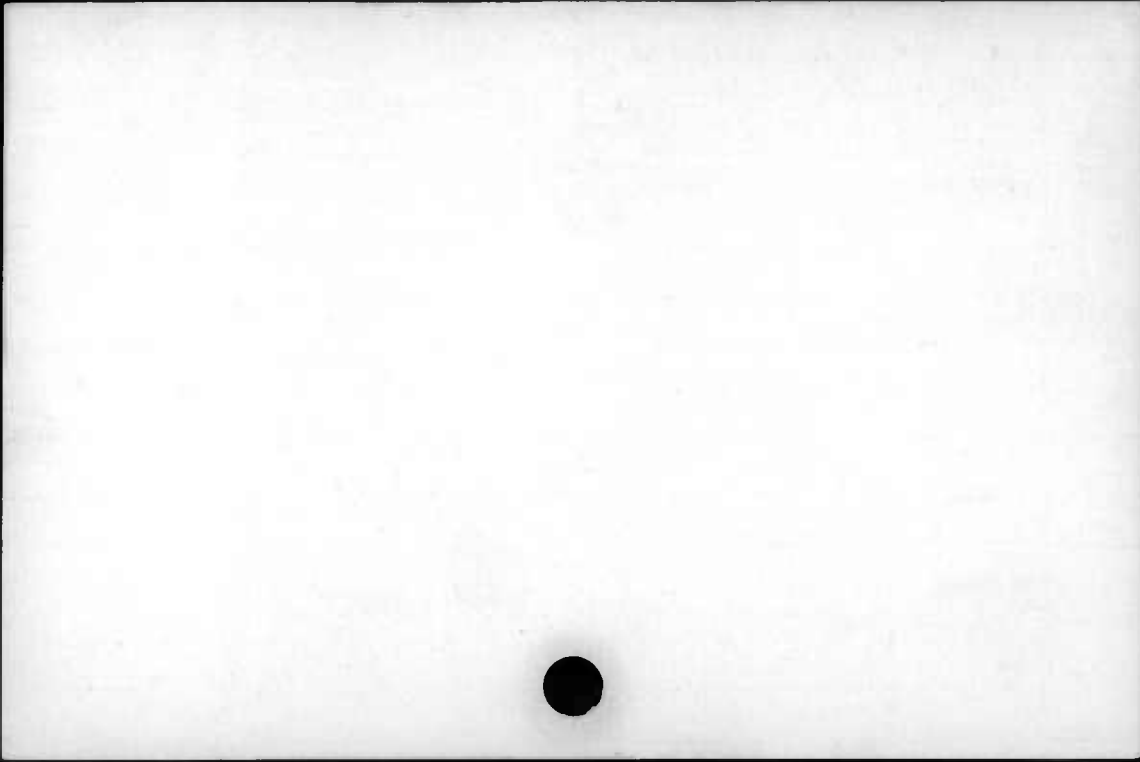
B P Gorman MD

Millington, Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Susella Hogan

## CERTIFICATE OF DEATH

Died at Easter Neck Island Kent-  
Town County

MARYLAND

Date of death 1904 July 12 Age — Years 8 Months Days

Sex Female Color or Race White Birth-place Kent Co Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed —

Name of Wife or Husband —

Father's Name Herbert E Hogan

Father's Birthplace Maryland

Mother's Maiden Name Sarah Eda. Stevens

Mother's Birthplace Maryland

Name of person giving information Herbert E Hogan

How related to deceased Father

## CAUSES OF DEATH

105

Primary Summer Catarrh (Gastro-intestine) How long 6 days

Immediate Exhaustion How long One day

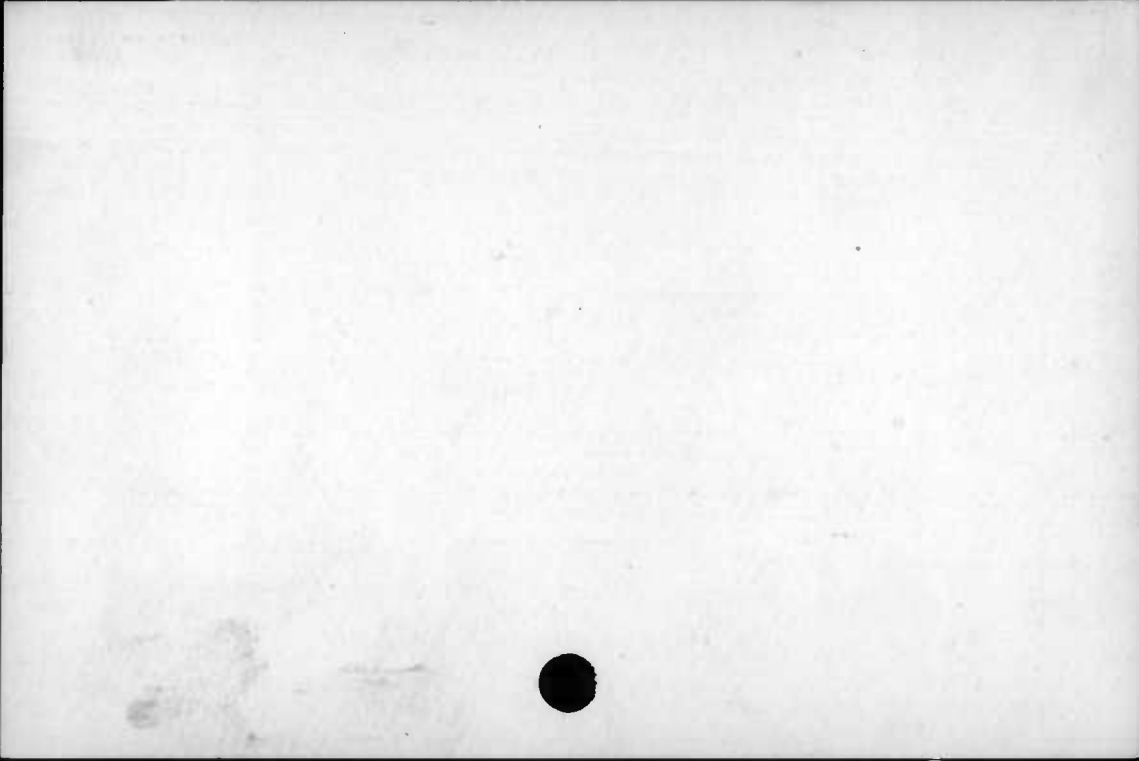
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

William Samuel Joiner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Rock Hall<sup>County</sup> Kent

MARYLAND

Date of death 1908

Month July

Day 1

Age Years 11

Months 8

Days

Sex Male

Color or Race

White

Birth-place

Kent Co Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

John E Joiner

Father's Birthplace

Kent Co Md

Mother's Maiden Name

Hattie S Davis

Mother's Birthplace

Kent Co Md

Name of person giving information

John E Joiner

How related to deceased

Father

## CAUSES OF DEATH

172

Primary

Accidental Drowning

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

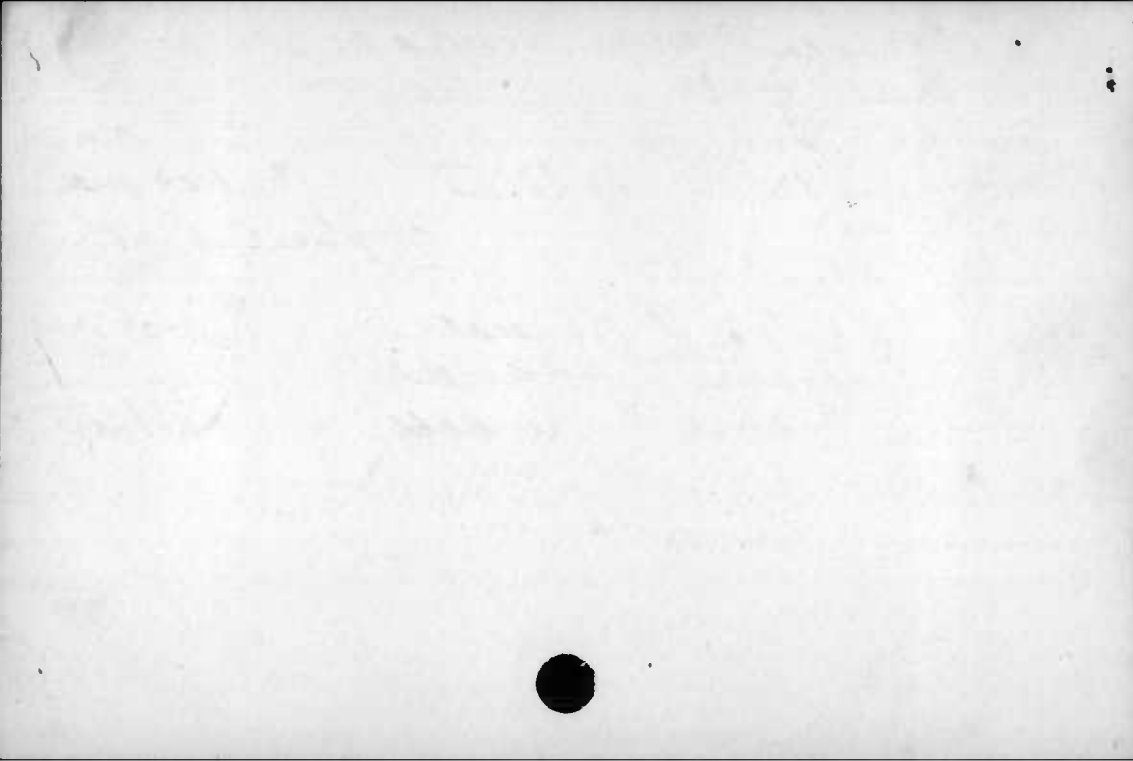
Frank C. Wilkins J.P. Acting

Address

Rock Hall Coroner

Accident or Suicide

And





Name in Full		Florence May Kendall				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Rock Hall		County Kent		MARYLAND	
	Date of death	1908	Month July	Day 18	Age	Years —	Months 1
							Days 23
	Sex	Female		Color or Race	White		
	Birth- place	Kent co md					
	Occupation	—			Where Residing if not at place of death		
	at place of death						
TO BE ANSWERED BY NEAREST FRIEND	Married, Single or Widowed	—		Name of Wife or Husband			
	Father's Name	Charles O Kendall				Father's Birthplace	Kent co md
	Mother's Maiden Name	Florence V Stadd				Mother's Birthplace	Mayland
	Name of person giving In formation	Charles O Kendall				How related to deceased	Farther
	<div>CAUSES OF DEATH</div> <div>105</div>						
PHYSICIAN OR CORONER	Primary	Summer Cataract				How long	6 days
	Immediate	Exhaustion				How long	One day
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
	Yes		Address Rock Hall, Md.				
	Accident or Suicide?						



Name  
in  
Full

Indiana Matilda Susby

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Chestertown<sup>County</sup> Kent

Date of death 1908 July

Day 5

Age 64

Months 4

Days 23

Sex Female

Color or  
Race

White

Birth-  
place

Kent Co

Occupation

Invalid 5 yrs.

Where Residing if not  
at place of death

Near Chestertown

Married, Single  
or Widowed

Widowed

Name of ~~Wife or~~  
Husband

H. R. Susby

Father's  
Name

John Carroll Sutton

Father's  
Birthplace

Kent Co

Mother's  
Maiden Name

Caroline Anne Black

Mother's  
Birthplace

Kent Co

Name of person giving  
In formation

Mrs. H. J. Moffett

How related  
to deceased

Daughter

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary

Progressive Paralysis

How long

5 years

Immediate

Progressive Paralysis

How long

About 24 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

H. Benge Simmons

Address

Chestertown

Accident or Suicide?

No

Md

J. E. & Shewshury.

Name  
in  
Full

George Washington Parks

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Rock Hall<sup>County</sup> Kent

MARYLAND

Date of death 1908 July

Day 18

Age — Years

Months 1

Days 21

Sex Male

Color or Race

White

Birth-place Kent - Co MD

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

George Washington Parks

Father's Birthplace

Maryland

Mother's Maiden Name

Alberta Rolerson

Mother's Birthplace

Maryland

Name of person giving information

Alberta Parks

How related to deceased

Mother

## CAUSES OF DEATH

151

Primary

Marasmus

How long

6 weeks

Immediate

Exhaustion

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

H. H. Schwatka M.D.

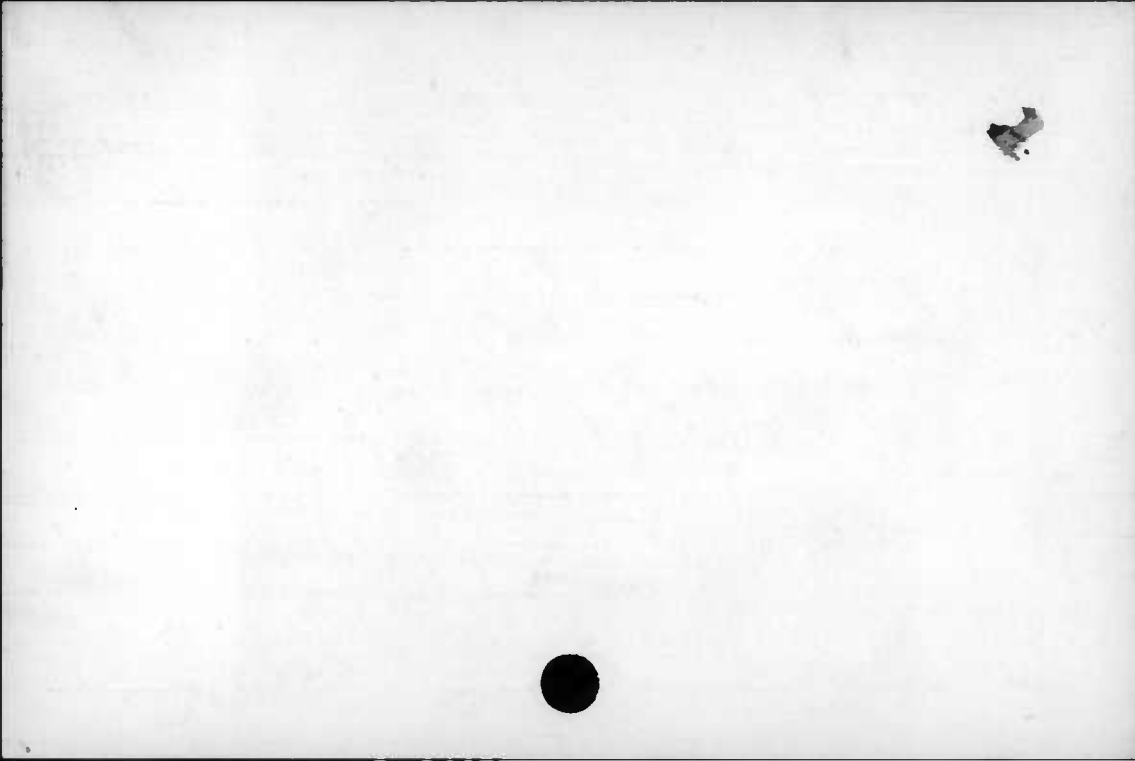
Address

Rock Hall Md.

Accident or Suicide?

no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
In  
Full

Charles Powell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Locust Grove		Kent		MARYLAND	
Date of death		1908	July	29	Age	—	Months 8 Days —
Sex		male		Color or Race		White	
Occupation		—		Birth-place		Md	
Where Residing if not at place of death		—					
Married, Single or Widowed		Single		Name of Wife or Husband		—	
Father's Name		Amos C. Powell		Father's Birthplace		Delaware	
Mother's Maiden Name		Emma J. Ford		Mother's Birthplace		Delaware	
Name of person giving information		Amos C. Powell		How related to deceased		father	

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	Respiration.	How long	—
Immediate	Insufficient nourishment	How long	30 hours.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
—		DR. J. HORTON KELLEY	
—		Address	
—		STILL POND, MD.	
Accident or Suicide?		—	

Heleneys Hel.



Name  
in  
Full

Augustine Robinson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

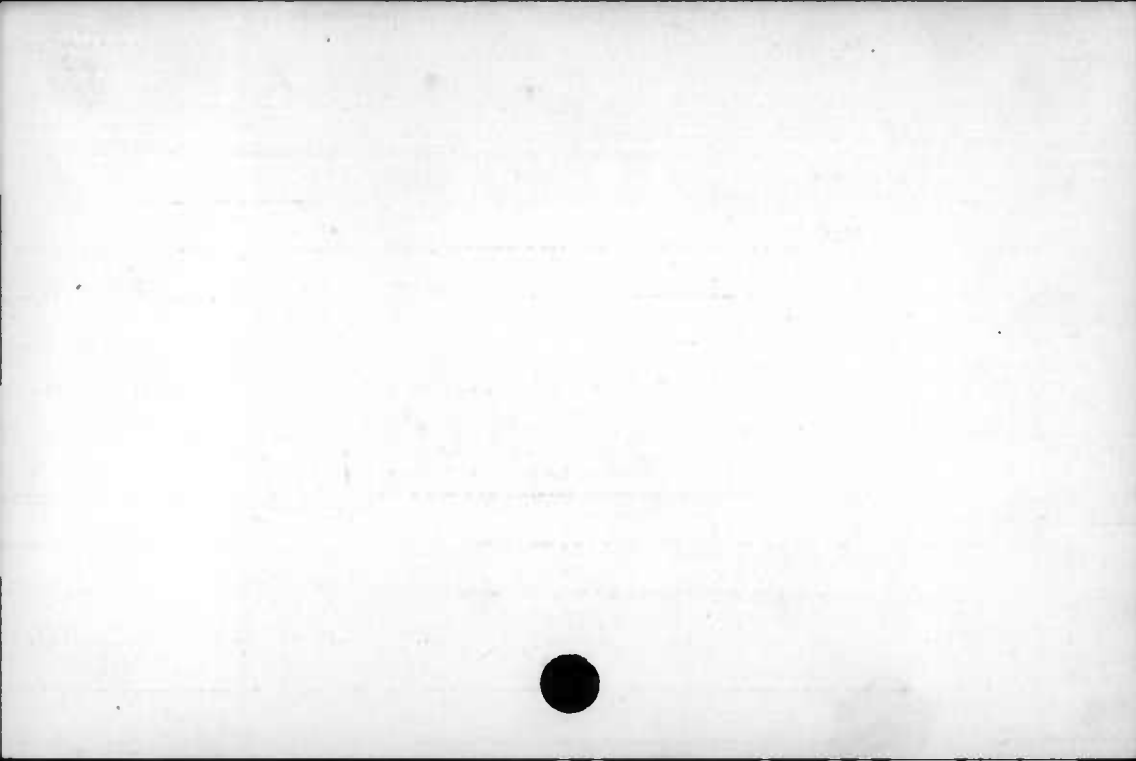
Died at <sup>Town</sup> Locust Grove		<sup>County</sup> Kent		MARYLAND	
Date of death	1908	Month	July	Day	19
Age		30	Years	Months	Days
Sex	Male	Color or Race	Col	Birth-place	Ind
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Robinson			Father's Birthplace	Ind
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown
Name of person giving information				How related to deceased	

## CAUSES OF DEATH

176

PHYSICIAN  
OR CORONER

Primary	Pistol shot through heart	How long	Immediate
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		John H. Greenwood, Coroner	
Address		Phestertown	
Accident or Suicide?		Murder	
		Ind	



Name  
in  
Full

Lillie Sharp

## CERTIFICATE OF DEATH

MARYLAND

Died at Chestertown Kent CountyDate of death 1908 July 4 Age 3 Months DaysSex Female Color or Race White Birth-place Del.Occupation                      Where Residing if not at place of death                     Married, Single or Widowed                      Name of Wife or Husband                     Father's Name Charles F. SharpFather's Birthplace DelMother's Maiden Name Mary C. IvoryMother's Birthplace DelName of person giving Information H. G. WatsonHow related to deceased brother in law

## CAUSES OF DEATH

112

Primary Chronic hepatitisHow long several monthsImmediate Abcess formation, heart failure several hoursAre the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Accident or Suicide NoH. G. Simon  
6 Chestertown  
DelTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

*Lillian Sharp*


CERTIFICATE OF DEATH

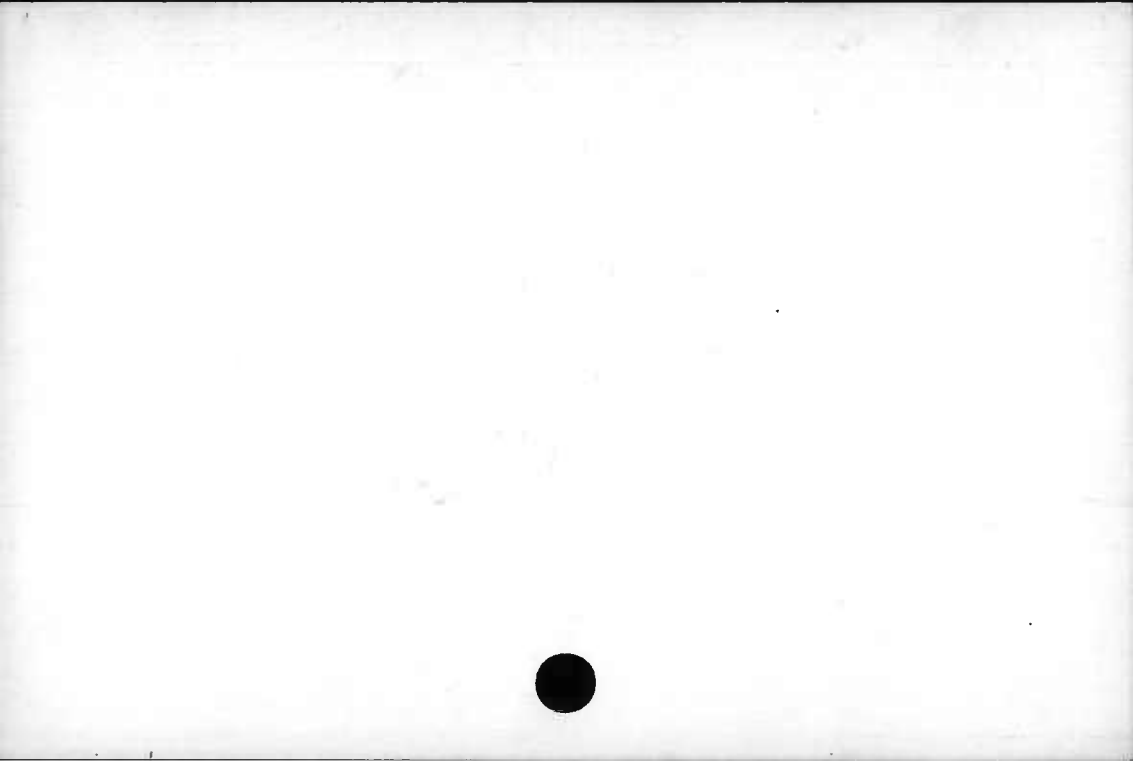
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chestertown</i>		County <i>1 Kent</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
<i>1908</i>	<i>July</i>	<i>4</i>	<i>3</i>		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Nel</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Charles I Sharp</i>			Father's Birthplace		
Mother's Maiden Name <i>Mary C Ivory</i>			Mother's Birthplace		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Hepatitis</i>	How long <i>several months</i>
Immediate <i>abscess formation, heart failure</i>	How long <i>several hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. E. Jones</i>
	Address <i>Chestertown</i>
Accident or Suicide	



Name in Full		MARGARET ANDERSON SWIFT				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Chester town, Md		Kent County		MARYLAND	
	Date of death	1908	Month July	Day 10	Age 61	Months	Days
	Sex	Female		Color or Race	Colored		
	Occupation	Servant		Birth-place	Chester town		
	Where Residing if not at place of death		Chester town				
	Married, Single or Widowed	Widowed		Name of Wife or Husband	Henry Swift		
	Father's Name	Samuel Anderson			Father's Birthplace	Chester town	
Mother's Maiden Name	Unknown			Mother's Birthplace	Chester town		
Name of person giving information	Walter Bau-tan...			How related to deceased	Bro-in-law		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">81</div>							
PHYSICIAN OR CORONER	Primary	Arterio-sclerosis			How long	Several years	
	Immediate	Uremia			How long	3 or 4 weeks	
	Are the name, age, sex, color, date and place correctly given above?	Yes			Signature of Physician	Frank B. Stine	
	Address				Chester town, Md.		
Accident or Suicide?	No						

J. E. H. James M. E.



Name  
in  
Full

Infant Thompson.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>1002 Columbia</u> <small>Town</small>		<u>Kent</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	<u>July</u> <small>Month</small>	<u>8</u> <small>Day</small>	Age <u>—</u> <small>Years</small>	<u>1</u> <small>Months</small>	<u>18</u> <small>Days</small>
Sex <u>female</u>	Color or Race <u>black</u>		Birth-place <u>md</u>		
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Oliver Thompson</u>	Father's Birthplace <u>md</u>				
Mother's Maiden Name <u>Carrie Brown</u>	Mother's Birthplace <u>md</u>				
Name of person giving information <u>Oliver Thompson</u>	How related to deceased <u>father</u>				

## CAUSES OF DEATH

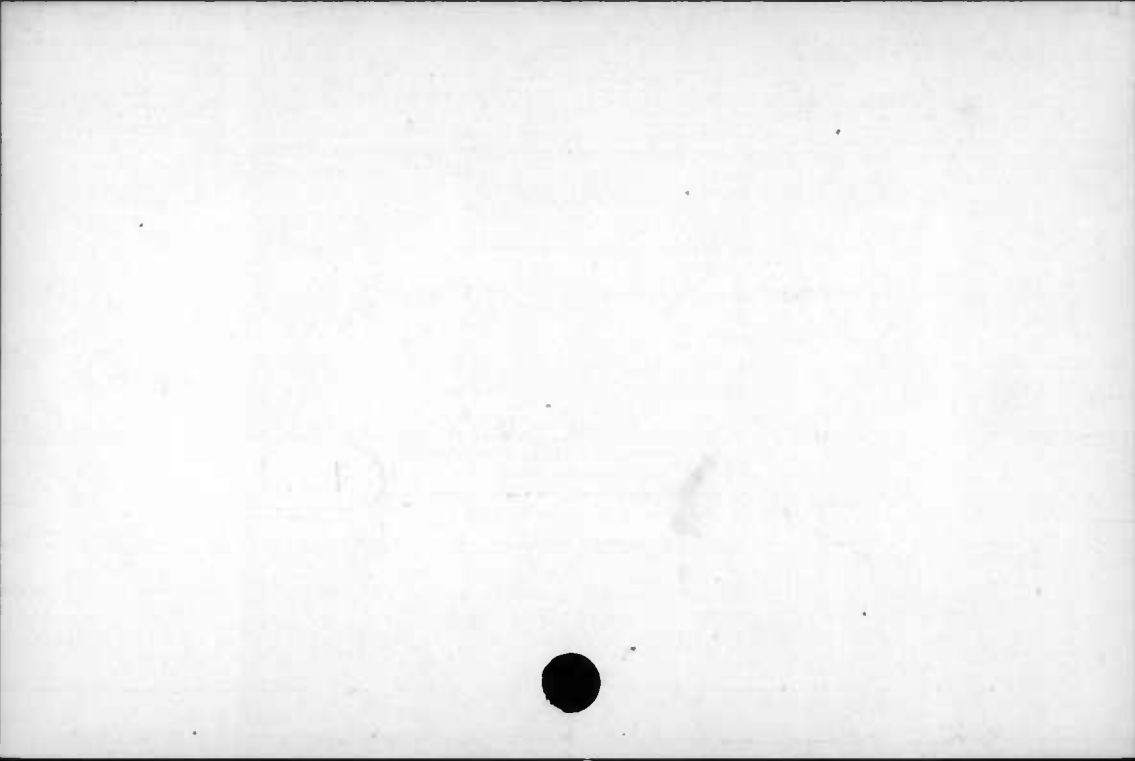
108

PHYSICIAN  
OR CORONER

Primary <u>Rupture of membranes</u>	How long <u>—</u>
Immediate <u>Membranes</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>L. P. Atwell M.D.</u>
<u>9</u>	Address <u>Still Pond</u>
Accident or Suicide?	<u>md</u>

Columian.

Name in Full		Melville Milton Wilkins				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>near Rock Hall</u>		Town <u>Kent</u>		County <u>Kent</u>		MARYLAND
	Date of death <u>1908</u>	Month <u>July</u>	Day <u>26</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>3</u>
	Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Kent Co Md</u>			
	Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>			
	Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>				
	Father's Name <u>Melville A. Wilkins</u>		Father's Birthplace <u>Kent Co Md</u>				
PHYSICIAN OR CORONER	Mother's Maiden Name <u>Emma A Joiner</u>		Mother's Birthplace <u>Maryland</u>				
	Name of person giving information <u>Melville A. Wilkins</u>		How related to deceased <u>Farther</u>				
	<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px;">151</div>						
PHYSICIAN OR CORONER	Primary <u>Leteros</u>		How long <u>2 days</u>				
	Immediate <u>Eclampsia</u>		How long <u>1 day</u>				
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>W. H. Schwartz M.D.</u>				
	Address <u>Rock Hall</u>						
	Accident or Suicide? <u>no</u>						



Name  
in  
Full

Unknown Man

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Near Betterton</u> <sup>Town</sup>		<u>Hent</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u>	Month <u>July</u>	Day <u>18</u>	Age <u>apparent 35</u> <sup>Years</sup>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Unknown</u>		
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>Unknown</u>				
Married, Single or Widowed <u>Unknown</u>	Name of Wife or Husband <u>Unknown</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>—</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>—</u>				
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary <u>—</u>	How long <u>—</u>
Immediate <u>Acute Indigestion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>John Lee Fisher</u>
	Address <u>Betterton Md</u>
Accident or Suicide? <u>Natural Cause</u>	<u>acting Physician to Coroner</u>

Still on A